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FEB OF 2016

COVER LETTER

	nstration Section ision, of Corporation	s					
SUBJECT:	BAYSIDE 92, LLC						
SUBJECT.		Name of L	Limited Liability C	Company			
The enclosed Existence, an	I "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in F company to transa	'lorida," Ce act business	rtificate of in Florida
Please return	all correspondence c	oncerning this matter to the t	following:				
	CHRISTOPHE	R DAVID, ESQ.					
		Na	me of Person				
	FUERST ITTL	EMAN DAVID & JOSEPH	PL				
		Fir	rm/Company				
	1001 BRICKE	LL BAY DRIVE, SUITE 320	00				
			Address				
	MIAMI, FLOR	IDA 33131					
		City/St	ate and Zip Code			2016	, ,
	CDAVID@FUE	RSTLAW.COM			•		<u>.</u> i i
		E-mail address: (to be used	for future annual	report noti	fication)	100 July 1	
For further is	nformation concerning	g this matter, please call:				Latination of	
KA	RLEEN FOSTER		305	350-569	90		
	Name o	f Contact Person	Area Code	Dayı	time Telephone Nu	ımber	2
Div Reg P.C	ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circl ee, FL 32301	le	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\square \text{\$\text{\$130,00 Filing Fee & }}\$ Certificate of Status	□ \$155,00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing of Status & Certi		ficate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BAYSIDE 92, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
iability Company," "L.L.C," or "LLC.")
iability Company," "L.L.C," or "LLC.")
DELAWARE 3. (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
4700 SHERIDAN STREET, SUITE B
HOLLYWOOD, FL 33021
(Street Address of Principal Office)
4700 SHERIDAN STREET, SUITE B
HOLLYWOOD, FL 33021
HOLLY WOOD, FL 33021 (Mailing Address)
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: FUERST ITTLEMAN DAVID & JOSEPH PL
Office Address: 1001 BRICKELL BAY DRIVE # 3200
MIAMI , Florida 33131
(City) (Zip code)
egistered agent's acceptance:
laving been named as registered agent and to accept service of process for the above stated limited liability company at the pla esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a o complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit occept the obligations of my position as registered agent. Registered agent's signature)
3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
CC CROSS, MANAGER
CC CROSS, MANAGER
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
CHRISTOPHER DAVID, ESQ.

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BAYSIDE 92, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTIETH DAY OF JANUARY, A.D. 2016.

Authentication: 201755434

Date: 01-30-16

5933482 8300 SR# 20160464860